

OPERATIONAL MEMO

TITLE:	REVISED GUIDANCE FOR THE TEMPORARY
	ENHANCED RATE FOR THE HOME AND
	COMMUNITY-BASED SERVICES (HCBS) WAIVER
	RESPITE BENEFIT
SUPERSEDES NUMBER:	HCPF OM 21 - 090
EFFECTIVE DATE:	JANUARY 1, 2022
DIVISION AND OFFICE:	BENEFITS & SERVICES MANAGEMENT DIVISION,
	OFFICE OF COMMUNITY LIVING
PROGRAM AREA:	HCBS WAIVER SERVICES
KEY WORDS:	AMERICAN RESCUE PLAN ACT, ARPA, RESPITE
	CARE, HOME AND COMMUNITY-BASED SERVICES,
	HCBS, RATE INCREASES, CORONAVIRUS, COVID
	19, PRIOR AUTHORIZATION REQUEST, PAR,
	COMMUNITY CENTERED BOARD, CCB, SINGLE
	ENTRY POINT, SEP, RATE ADJUSTMENTS,
	ELDERLY, BLIND AND DISABLED (EBD) WAIVER,
	COMMUNITY MENTAL HEALTH SUPPORTS
	(CMHS) WAIVER, BRAIN INJURY (BI) WAIVER,
	SPINAL CORD INJURY (SCI) WAIVER, CHILDREN'S
	EXTENSIVE SUPPORTS (CES) WAIVER, CHILDREN
	WITH LIFE LIMITING ILLNESS (CLLI) WAIVER,
	CHILDREN'S HABILITATION RESIDENTIAL
	PROGRAM (CHRP) WAIVER, AND THE SUPPORTED
	LIVING SERVICES (SLS) WAIVER

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Purpose and Audience:

The purpose of this Operational Memo is to inform stakeholders, members, providers, and Case Management Agencies (CMAs) of a temporary rate increase or enhanced rate using American Rescue Plan Act (ARPA) funding for the Home and Community-Based Services (HCBS) waiver Respite benefits and to communicate additional guidance

regarding billing procedures for the temporary enhanced respite rates. This temporary enhanced rate is available to Respite services on the Elderly, Blind and Disabled (EBD), Community Mental Health Supports (CMHS), Brain Injury (BI), Spinal Cord Injury (SCI), Children's Extensive Support (CES), Children with Life Limiting Illness (CLLI), Children's Habilitation Residential Program (CHRP), and Supported Living Services (SLS) waivers, as indicated in the table below.

The funding for this temporary enhanced rate is provided by the federal ARPA funding as part of the Department's federally approved ARPA Spending Plan. The enhanced rate is in direct response to the COVID-19 pandemic and the need to provide relief to primary caregivers to help members and their families as well as increase provider capacity for the HCBS waivers' Respite benefits.

Information:

Increasing the availability of respite care was one of the most frequently cited items by Colorado stakeholders for consideration in the Department's ARPA spending plan. As a result of the COVID-19 pandemic, more in-home care has been needed, yet the direct care workforce has been limited, causing families to be left providing care with little to no relief. Now more than ever, respite services are critical in preventing primary caregiver burnout and ensuring the health and safety of members. The Department hopes to encourage those who have been providing respite services to continue to do so and incentivize other providers to start providing respite care. A 25% temporary rate increase will be applied retroactively from April 1, 2021 and through March 31, 2022 for all HCBS respite services as listed in the table below.

Please review the HCBS Rate Schedule.

Service	Unit Type	Impacted Code
Respite Care- Members enrolled in the Elderly, Blind, and Disabled	Respite-Alternative Care Facility (ACF), Day	S5151 U1
(EBD) Waiver	In-Home Respite 15- Minute, Unit	S5150 U1
	Respite-Nursing Facility, Day	H0045 U1

Respite Care- Members	Respite- Alternative Care	S5151 UA	
enrolled in the Community Mental Health Supports (CMHS) Waiver	Facility (ACF), Day Respite- Nursing Facility, Day	H0045 UA	
Respite Care- Members enrolled in the Brain	In-Home Respite, 15- Minute Unit	S5151 U6	
Injury (BI) Waiver	Respite-Nursing Facility, Day	H0045 U6	
Respite Care- Members enrolled in the Spinal Cord Injury (SCI) Waiver	Respite-Alternative Care Facility (ACF), Day	S5151 U1, SC	
	In-Home Respite, 15 Minute Unit	S5150 U1, SC	
	Respite-Nursing Facility, Day	H0045 U1, SC	
Respite Care- Members	Individual, 15 Minute Unit	S5150, U8	
enrolled in the Supported Living Services (SLS) Waiver	Individual, Day	S5151, U8	
Respite Care- Members enrolled in the Children's Extensive Supports (CES) Waiver	Individual, 15-Minute Unit	S5150, U7	
	Individual, Day	S5151, U7	

Respite Care- Members enrolled in the Children with Life Limiting Illness (CLLI) Waiver	Unskilled (4 hours or less), 15-Minute Unit	S5150, UD	
	Unskilled (4 hours or more), 15-Minute Unit	S5151, UD	
	CNA (4 hours or less), 15- Minute Unit	T1005, UD	
	CNA (4 hours or more), 15-Minute Unit	S9125, UD T1005, UD, TD S9125, UD, TD	
	Skilled RN, LPN (4 hours or less), 15-Minute Unit		
	Skilled RN, LPN (4 hours or more), 15-Minute Unit		
	Facility Based Respite	T2037, UD	
Respite Care- Members enrolled in the Children's Habilitation Residential Program (CHRP) Waiver	Individual- In Family Home, 15-Minute Unit	S5150, U9, HA	
	Individual Day- In Family Home	S5151, U9, HA	
	Individual- In Residential Settings, 15-Minute Unit	S5150, U9, HI	
	Individual Day- In Residential Settings	S5151, U9, HI	

Please note: At this time, there are no rate enhancements for group respite service rates. The Department will send out additional communications should there be any changes for group respite service rates.

Over Cost Containment (OCC):

• If the average daily cost for a Prior Authorization Request (PAR) exceeds the \$285 OCC amount due to the increased rates, the case manager does not need approval from Telligen. If a PAR has been submitted to the InterChange and the

status shows as "Pending State Review", "Suspended" or "Work in Progress", please send an email to ltssocc@state.co.us with the PAR number and your specific request for assistance.

Rate Information:

- The rate increases for Respite services were calculated based on the July 1, 2021, rate with the application of the 2.5% across-the-board increase and increases were calculated based on the rate before the application of the 2.11% increase.
- The rate increase for Respite services for April 1, 2021 June 30, 2021, were calculated based on the rate effective July 1, 2020, with the application of 2.11%.
- To find a detailed list of all enhanced respite rates and the applicable modifier, please review the HCBS American Rescue Plan Act (ARPA) Rate Schedule.

Billing Procedure:

- Providers do not need to adjust claims that have already paid to receive the enhanced respite rates.
- To receive the increased rate, providers must bill a supplemental, temporary TU
 modifier code to get the differential between the amount paid for the original
 date of service and the rate increase. The Department will load this additional
 line with the TU modifier codes onto each impacted PAR.
 - Steps necessary before providers bill temporary codes:
 - Provider checks Prior Authorizations for presence of supplemental, temporary code, or verifies its existence by contacting Provider Services Call Canter at 1-844-235-2387.
 - Provider submits a new claim with the temporary code for the same dates of service which have already been billed.
- When the respite line with the TU modifier is billed in conjunction with the
 original respite line the provider will be reimbursed for the total of all rate
 enhancements and increases. If the original respite line has already been billed,
 then only the respite line with the TU modifier needs to be billed.

Example Billing for Respite S5151

	1/1/2022- 3/31/2022		
Claim 1: S5151 U1	\$92.15	10	\$921.50
Claim 2: S5151 U1 TU	\$53.07	10	\$530.70

Attachment(s):

None

Department Contact:

HCPF_HCBS_Questions@state.co.us